LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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QUICK SALES AND SMALL PROFITS.

The following advertisements appear on opposite sides of the same leaf of the cover of the *American Medical Weekly*, published in this city. We give them an insertion here *gratis*, with the privilege only of adding a few remarks:

LOUISVILLE MEDICAL COLLEGE.

FACULTY.

HENRY M. BULLITT, M. D.,
Prof. of Physiology and Hygiene, and Pres't of the Faculty.

E. S. GAILLARD, M. D.,
Professor of the Principles and Practice of Medicine and General Pathology; Dean and Treasurer of the Faculty.

JOHN A. OCTERLONY, M. D.,
Professor of Materia Medica, Therapeutics, and Clinical Medicine.

JOHN GOODMAN, M. D.,
Professor of Obstetrics.

J. A. IRELAND, M. D.,
Professor of Diseases of Women and Children.

J. M. KELLER, M. D.,
Professor of Operative and Clinical Surgery.

J. W. MAXWELL, M. D.,
Professor of Medical Chemistry and Toxicology.

C. W. KELLY, M. D.,
Professor of General and Surgical Anatomy, and Regent of the Faculty.

A. B. COOK, M. D.,
Professor of Principles and Practice of Surgery.

C. W. WRIGHT, M. D.,
Professor of Forensic Medicine, Physiological and Pathological Chemistry.

G. J. COOK, M. D.,
Demonstrator of Anatomy.

KENTUCKY SCHOOL OF MEDICINE.

FACULTY.

HENRY M. BULLITT, M. D.,
Professor of Physiology and Public Hygiene.

E. S. GAILLARD, M. D.,
Professor of Principles and Practice of Medicine and General Pathology; Dean and Treasurer of the Faculty.

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Professor of Chemistry.

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Demonstrator of Anatomy.

And with the announcement of the Kentucky School is printed the following:

A spring session in lieu of the usual autumn session was determined upon for many influential reasons: 1. Because there are already a sufficient number of medical colleges holding their sessions in autumn. 2. Because there is an imperative demand for a spring course, both by those seeking to commence or to close their collegiate life at this season. 3. Because there is no known reason why students should be compelled to defer attending a lecture course until October of each year. 4. Because the brilliant record of the University of Virginia, whose graduates are unsurpassed for proficiency, has demonstrated that a consecutive period of collegiate study for nine months is productive of the very best results. 5. Because the Long Island College Hospital satisfactorily proves, by its enviable history, the existence of a demand for such a course. 6. Because large numbers of the best young men are always anxious to complete their collegiate studies without the intermission of the summer months. Lastly, because it is believed that while **any chartered medical institution will justly forfeit the respect, confidence, and support of the profession if it gives two graduating courses in one year**, the Kentucky School of Medicine, now reorganized, will act most judiciously and with manifest propriety by selecting the spring as the period of its single annual course. . . . .

The graduate of this college will every year receive, in addition to his own diploma, the Ad Eundem Degree of the Louisville Medical College, whose annual session, commencing every September, closes in the last week of the following February. This Ad Eundem Degree is furnished without cost.

Of course these advertisements refer to separate and distinct institutions, situated miles apart, neither of which would dare to forfeit "the respect, confidence, and support of the profession" by holding "two graduating courses in one year." It can be seen at a glance that the name of Maxwell which adorns one category is wanting in the other; that while H. M. Bullitt is president of the party of the first part, A. B. Cook is his excellency of the second; and while there is a C. W. Wright who professes "forensic medicine, physiological and pathological chemistry" while rude Boreas rules the

blast, no process of evolution could convert him into the modest violet linked with simple "chemistry" in the spring. Still the fools are not all dead; and stupid people, unskilled in hair-splitting, seeing that in spite of these differences the same men performing the same duties are marked in either list, the same executive officer and treasurer in both—nay, even one puissant "regent" in the two—that, moreover, a graduate under either name is presented with an additional diploma bearing that of the other—and when they hear that the "two" institutions have in common house and household goods, such stupid people, we say, may be inclined to think that that which they call the "Kentucky" might under the name of "Louisville" smell just as sweet. Surely the two Dromios, the Corsican Brothers, in fact all historical resemblances or affinities, seem to be fairly eclipsed by this "Chang and Eng" of Western medical schools.

We confess that we are too dull to see where the claim for separate existence comes in. We feel rather sure that we can not praise the "Louisville" without making the "Kentucky" blush, nor blame either without expecting to encounter the swords of both. The phenomenon has in common brain, heart, and lungs. We will be perfectly honest in calling it the Louisville-Kentucky School of Medicine. *It holds two graduating courses in one year; it graduates students of medicine in nine months, and presents each with two diplomas.* Of course its managers felt called upon to offer excuses for this gush of liberality. These we have printed above *verbatim*, and ask for their careful perusal.

It is hard to discuss these propositions; they suggest their own answers so plainly. Moreover, the average mind, rendered somewhat suspicious by slight contact with this wicked world, fails to discover the "influential" part of the reasoning therein contained. It is apt to rank it under the order known as "pleading," and of the class "special;" to believe, in fact, that making doctors in nine months was first determined upon, and "reasons" for so doing sought afterward. It seems that it was n't blackberry time in the reason-market when this selection was made. It is a sorry lot, and contains some which do duty twice. But to our melancholy task.

1. If "there are (*sic*) a sufficient number of medical colleges holding their sessions in the autumn," how are matters mended by one of those schools holding, under another name, an additional graduating course in the spring?

2. Young men "seeking to commence their collegiate life" in the spring will please take notice that there is nothing in the world to prevent them. Almost every school in the country provides for spring and summer courses. They form the bright feature of our American system, giving a good foundation to medical education, and preparing the novice for a proper appreciation of the winter's course of lectures by common-sense instruction from the text-books, by question and answer. *They do not confer degrees*, but provide for the wants of recent graduates and advanced students by ample clinical teaching and lectures upon special topics.

The "imperative demand" of those who wish to close their collegiate life at this season—*i. e.*, to graduate after nine months' study or less—is not half so great as that of the unworthy to obtain a diploma with no preparation at all.

It will be seen that "reason" No. 3 is implied in No. 6, and both in fact are pretty much a rehash of the one we have just considered. In further answer let us note the surprising fact that the seasons devoted to medical teaching are the same precisely as those given to academical instruction, which experience has demonstrated to be the best. The winter is peculiarly adapted to dissections; "practical anatomy" in the spring of this latitude is a poor affair indeed.

As for the necessity of an annual vacation, consider the life of a medical student

during lecture-term in every institution in this country, with the exception of Harvard. He commences at eight o'clock in the morning, and until ten at night, with short intermissions for his meals, he is engaged in his duties, hearing lectures, quizzes, and attending to his dissections. Reading to any extent is out of the question. Saturday nights, Sundays, and a few days perhaps at Christmas are his only holidays during the five months which the course lasts. He has been stuffed with medicine as an anaconda is with food. Is it good advice to this student to tell him that the way to digest this load is to undergo immediately this process of cramming again? Is it not more natural that he should have a period for reading and reflection, either in the quiet of his preceptor's office, or still better in the excellent spring and summer schools as they now exist, and then after a proper vacation, with mind and body rested, to come up prepared to appreciate his second course? "Anxious" young men should not be allowed to do themselves the injustice recommended to them by this new system.

This elementary demonstration is not intended for the intelligent reader in the profession. Our excuse for following it was that the journal might blunder upon some hypothetical idiot, or perhaps fall into the hands of honest young men intending to study our profession, and as yet ignorant of the wiles of the medical teaching-world.

The example of the two institutions quoted in the category of "reasons" might possibly mislead some of the profession unacquainted with the facts. Upon the "enviable history" of the Long Island College of Medicine we are not informed. The seemingly anomalous position it holds, along with one or two other schools of its ilk, will receive our attention at some other time. It does not, however, hold two graduating courses in one year, and can not be quoted by the managers of the western phenomenon.

We can indorse all that is said in praise of the graduates in medicine from the University of Virginia, and are glad to be able to refute for her the unfair comparison. Situated in the mountains near the small town of Charlottesville, this school announces that its course of instruction in medicine is didactic, and intended to teach chiefly the principles of medicine. It recommends its graduates to pursue their studies further in the larger cities where clinical experience is to be obtained. While it allows, it does not recommend students to come forward for graduation at the end of its nine-months' course. It shows its good faith in this by placing its standard so high that it is well-nigh impossible for any one to reach it who has studied medicine that length of time only. The record for one year showed, in a class of one hundred and eighteen, seventy-five applications and sixty-one *rejections*. Have our friends followed this example also?

Our moral is quite short. Gentlemen of the Louisville Medical College, lop off the Kentucky attachment. As a reformatory measure it is a dead failure; as a business venture it will only end in disaster. Whether this work is done under two names or one, the profession regards simply the degradation of medical science it brings, and will certainly, on your own showing, deny you its "respect, confidence, and support."

THE editors of the *Louisville Medical News* issue its first number with hopes and fears inseparable from such an enterprise. They are alive to the task they have undertaken. The quickly-recurring Saturdays upon which it is to appear render it necessary that much labor shall be expended to meet its contracts with subscribers. They have, of course, provided for all this; but the moral responsibility which such a journal entails can not but make their position an anxious one. To render evenhanded justice, and withal to be charitable, is a difficult *role* for fallible men to play. The sympathy of friends will do much to lighten their labors; they beg their support.

Original.

NINE CASES OF STONE IN THE BLADDER.

BY DAVID W. YANDELL, M. D.,
Professor of Surgery in the University of Louisville and in the College of Physicians and Surgeons of Indiana, etc.

Four of the cases that I am about to report occurred in persons under the age of puberty, and were all cut by the lateral method. Five cases were in adults. In three of these the stone was crushed. In one the calculus was too large and hard for lithotrity, and was removed by the knife. In another it was removed by cutting for other reasons. A feature in this case is so curious as to be worthy of mention. While he had stone he was also the subject of frequent attacks of spasmodic asthma. I learn that from the date of the lithotomy he *was relieved of his asthma, never having another seizure.* In eight cases there was but a single calculus. In one there were two calculi. In three of the boys their mothers were confident that there had been trouble in micturition from their earliest infancy. In one the first symptoms of stone had been noticed five years before the operation, and had succeeded upon an attack of nephritic colic. In the five adult cases bladder trouble was preceded in all by attacks of nephritic colic.

CASE I.—A lad aged sixteen, from Henry County, Tenn., in good health till twelve years of age, had at that time a violent attack of colic, which was thought by his physician to be connected with the passage of a calculus from his kidneys to the bladder. Some months after this he had symptoms of vesical calculus, which continued during four years, when I cut him at the surgical clinic of the University, and removed a phosphatic calculus one inch and a half in its longest and one inch in its shortest diameter, weighing three hundred and seventy-five grains. He recovered in good time without a drawback.

CASE II.—Aged eleven, from Grayson County, Ky., sent to me by my friend Dr. Heston. Symptoms of bladder trouble from earliest infancy. Cut at surgical clinic in the fall of 1873, and a phosphatic calculus removed an inch and three quarters in its longest and an inch and a quarter in its shortest diameter, weighing six hundred grains. Speedy and complete recovery.

CASE III.—A boy aged three years, who was observed to have difficulty in passing his water in a few days after his birth, was kindly sent to me by my friend Dr. Knapp, of this city. I operated on him just after Case II at the surgical clinic, and removed a uric-acid calculus about the size of a large filbert, weighing sixty-seven grains. Quick recovery.

CASE IV.—A boy aged four years, with trouble on micturition from very early infancy, was sent to me by my brother, Prof. L. P. Yandell, Jr. I cut him before the class of the University in December, 1874, and removed two ammonio-magnesian calculi, each as large as a chestnut, weighing one hundred and forty-three grains. Recovered in good time.

CASE V.—Mr. ——, aged twenty-seven, living near Crawfordsville, Indiana. Had symptoms of stone following an attack of nephritic colic, which occurred six or seven years ago. The patient was brought to me at Indianapolis, Indiana, December 4, 1875, by my friend Dr. Irvine, of Crawfordsville. I first attempted lithotrity before the class of the College of Physicians and Surgeons at Indianapolis, but found, as had been predicted by Dr. Irvine, the calculus both too large and hard for this operation. On the afternoon of the same day I extracted a stone through the lateral incision, which measured 2½ inches in its longest and 1¼ inches in its shortest diameter, weight 1.125 grains, composed of oxalate of lime. The patient has gone on without any thing untoward, and may now be considered well.

CASE VI.—Mr.——, aged twenty-two years, from Meade County, Ky., had been for many years a sufferer from stone and from asthma. I removed from him a uric-acid calculus a little over an inch in diameter and weighing two hundred and ninety-four grains, choosing

lithotomy, for the reason that the patient preferred being operated on at his home, which was some distance from Louisville. I had in this operation the valuable assistance of the distinguished lithotomist, Dr. Gardner, of Woodsonville, Ky. The recovery was speedy and complete.

CASE VII.—Colonel P., from Ripeyville, Ky., aged sixty, sent to me by my friend, the late lamented Dr. Chambers, of Lawrenceburg. First vesical uneasiness occurred after an attack of nephritic colic in 1867. I did lithotrity with Sir Henry Thompson's lithotrite in May, 1874. The bladder was so irritable that the sitting was a very short one. Furious cystitis followed; and, as I thought, threatening the life of the patient, I gave him chloroform, went into the bladder the third day after, and crushed every fragment I could seize. The cystitis began at once to abate, but the case proved exceedingly tedious, the bladder at no time being tolerant of the lithotrite, and the fragments being excessively sharp and irritating. The patient was finally sent home rid of his calculus after eleven sittings. His bladder has remained in good condition. The calculus was of the uric-acid variety, and weighed four hundred grains.

CASE VIII.—Colonel C., of Western Kentucky, aged sixty-three, brought to me by his son, Dr. C., now of Macon, Ga., had symptoms of stone for five or six years back, dating from an attack of nephritic colic. I performed lithotrity upon him a few days after Case VI, removing a phosphatic calculus weighing two hundred grains. Four sittings were required to perfectly crush this stone and double as many to remove the fragments, complete atony of the bladder occurring. After the first sitting this latter condition was slowly overcome by general tonics and cold-water irrigations of the bladder.

CASE IX.—Mr. M., aged forty years, from near Milton, Ky., who came to me from my esteemed friend Prof. Joseph G. Rogers, of Madison, Ind., had been annoyed with stone for several years, the first symptoms supervening on a nephritic colic. I did lithotrity on him last winter, getting away a phosphatic calculus in three sittings which weighed two hundred grains. Mr. M. left the city in a little over a fortnight entirely relieved, and has remained so.

LOUISVILLE.

A CASE OF ERRONEOUS DIAGNOSIS.

BY E. D. FORÉE, M. D.,
Emeritus Professor of Diseases of Women in Louisville Hospital Medical College.

Mrs. Blank, aged thirty-one, hitherto healthy, gave birth, on May 16, 1874, to the fifth child. The labor natural; duration medium. For two days succeeding parturition she was very well. Early on the third day she had two severe chills, which ushered in an attack of puerperal metro-peritonitis. The onset was violent, and for several days her life seemed in imminent peril. By the end of the fourth day of the attack the abdominal peritonitis had subsided, leaving her with perimetritis and pelvic peritonitis. At the end of the third week she was fully convalescent, and left bed. Just prior to my leaving her, which I think was about the fifteenth or sixteenth day of her illness, I made an exploration by the bi-manual method, and was fully satisfied that the pelvic organs were quite as well as could be hoped for, there being no discoverable depositions either about the roof of the pelvis or in the connective tissues. In all regards she seemed fully restored to health, and was upon the street within six weeks after the confinement.

Throughout the summer and autumn her health was very good; she rode and walked about the city attending to all her usual duties, including the onerous task of repaying the visits of friends which had been made her during the latter months of gestation and the period of invalidism.

Late in the autumn she mentioned to me that she was having occasional trouble with her bladder; that for two or three days successively she was compelled to void it very frequently, and often with pain; then

a week would pass without trouble with it. Besides, she had in the course of the winter two or three attacks of transitory fever, accompanied by headache and some abdominal pain; neither of the attacks lasted longer than one or two days. With these exceptions she was very well throughout the winter. The menses, as was the custom with her, appeared at the sixth month after parturition, and continued entirely regular until April. The flow should have occurred on the 13th of that month. With this failure she began to complain of feeling badly, whether from mental depression, caused by the apprehension of another pregnancy, or from some morbid condition, she could not determine. At about this time she became obstinately constipated; for which I directed liberal doses of elixir proprietatis, with the double purpose of obviating the constipation and favoring the menstrual flow. Several days afterward, on the 28th of April, her husband called to say that the elixir had failed to move the bowels; so also had six or eight compound cathartic pills, and several other laxative and cathartic doses which Mrs. B. had taken at her own discretion. She had also without avail used repeated enemas. I visited her on that day; found her up, walking about her chamber. Her complexion had a slightly sallow hue, the face expressing distress, but more that of anxiety or mental worry than of bodily suffering. Her pulse was slightly hurried, ninety-two; the temperature normal. Had very indifferent appetite; occasional nausea; no vomiting. She assured me that she was suffering no positive pain, but an uncomfortable sense of abdominal distension. She had had no evacuation of the bowels for eight or nine days. Palpation of the abdomen evinced that it was filled with fecal matter and gas.

Upon learning that only a small quantity, say a gill or two, of fluid could be thrown into the gut, I asked an examination. By the vaginal touch I ascertained that the lower three inches of the rectum was empty, that the uterus was thrust forward close into the pubic arch, and that all the space from the pubes in front to the sacrum behind and from ischium to ischium was occupied by a hard mass, which embraced and seemed to be intimately blended with the uterus in front and the rectum posteriorly, whose surface was irregular, more wavy than modulated; it appeared almost of bony hardness, and was only slightly movable.

By the rectal touch I found the lower three and a half inches empty, and at just the length of the finger a stricture in the gut, formed by the hard structure which occupied the pelvis straddling or overriding it. By the exercise of some force I could get the tip of my index finger into the stricture, but not through it. The abdomen was so filled and distended that the bi-manual method was unavailing.

A rectum-tube of medium size was passed through the stricture; then by means of a Davidson's pump the bowels were filled with water. The black-draught was liberally given by the stomach. Perseverance in these means brought full and complete emptying of the bowels in the course of a day or so. At this juncture menstruation occurred, about seventeen or eighteen days after time; it was natural and painless.

On the 3d of May I made another exploration. I found the condition unchanged. By the bi-manual examination I was enabled to estimate the thickness of the abnormal structure. It was found to be about one inch in thickness, its upper surface feeling less irregular than the lower. The uterus was about 3⅞ inches in depth; the os near to and about upon a level with the inferior border of the pubic arch; the fundus slightly above the superior edge of the pubes. It was quite immovable. The stricture of the rectum was unchanged, and the adventitious structure which surrounded the gut and formed the stricture was hard and unyielding as before.

At this visit, having excluded fecal impaction, hematocele, and cellulitis on account of the extreme hardness of the structure—be-

sides, the history did not appear to justify the existence of either of those conditions, nor did it seem to me probable that there could have been a plastic deposit to that extent upon the pelvic peritoneum after my examination at the apparent close of the puerperal illness in the preceding time—consequently I was bewildered. I found myself drifting toward the idea of malignant scleriasis. To sustain this view the complexion became more tallowy and the temperature continued normal. She, however, was still free from pain. At this era I asked permission to bring one or two medical friends of the city for consultation, but both the husband and patient solicited me to wait until the succeeding week, when a distinguished medical gentleman of an eastern city would be here, in attendance upon the session of the American Medical Association, whose opinion they would prefer to have. Accordingly the next week that gentleman (whose name I would like to give, but have not had opportunity to obtain his consent) joined me in the investigation of the case. As we approached the house he asked me what I believed to be the case. In reply I said I would prefer not to give my opinion, but would write it and show it afterward. He made a very careful examination, after getting the history both from myself and the patient. Upon withdrawal from her room he said, "You have a case of most extensive malignant scleriasis." That was precisely the diagnosis I had written. His corroborating my opinion so entirely left me without a doubt of the correctness of the diagnosis.

In utter despair, but with the view of keeping hope alive in the husband, to whom I made known our opinion, I advised twenty drops of the fluid extract of condurango three times a day, and to keep the general health as perfect as possible by attention to the bowels, proper exercise, and mental diversion.

At the end of the first month I found her general health good, the rectal stricture removed, and the hard structure very much thinned. In another month it had all disappeared. To-day she is in full health in every regard; thus proving that we made an erroneous diagnosis.

The abnormal structure was beyond question hyperplastic infiltration of the connective tissue under the roof of the pelvis and inflammatory exudations upon the pelvic peritoneum.

Having occasion in July last to write to my distinguished associate in the case in reference to other matters, I incidentally told him I was happy to inform him that our case of carcinoma was entirely well. In reply he said, "I am happy indeed to hear that your interesting patient with carcinoma turns out to have had pelvic cellulitis. I saw a case in —— city exactly like it, that had been ill for eighteen or twenty months. On my first visit I said it was malignant; a fortnight afterward I saw that it was a case of chronic pelvic cellulitis, and pronounced a favorable diagnosis."

LOUISVILLE.

SPORADIC CHOLERA.

BY R. C. HEWETT, M. D.

Yesterday (December 14, 1875), at 1:30 o'clock P. M., I was summoned to visit Mr. P. N. Fredrick, aged sixty-four, on Preston Street, near Lyon Garden. On reaching the house a vessel was exhibited to me containing about one quart of a liquid which presented in a perfect degree all the visible characteristics of the rice-water stools of cholera. This I was told had just passed from Mr. F.'s bowels. I learned also that a similar stool, in about the same quantity, had been ejected fifteen or twenty minutes previous to the one shown to me. I was informed that Mr. F. had not been very well for about two weeks, and that, although he had no special disease, he had for many years suffered from constipation. Early yesterday morning he took an infusion of senna, and about eight o'clock A. M. commenced vomiting and purging, which continued till I saw him. Previous to my arrival Mr. F.

had taken thirty drops of laudanum. I found him suffering from violent cramps in the legs; surface cold and purplish in hue; pulse very feeble and rapid in one wrist, and not perceptible in the other; temperature 99°; tongue and nose very cold; no urine passed since eight A. M.; rice-water fluid oozing from the bowels; mind clear. Ordered absolute rest in horizontal posture, sinapisms, dry heat, calomel, opium, and camphor.

Late in the evening found slight improvement in the pulse; temperature 99°; no more vomiting or purging, and no urine passed; patient becoming very restless. Restlessness continued through the night, and all the unfavorable symptoms increased. Early this morning Dr. E. McClellan, U. S. A., visited the case with me. Pulse scarcely appreciable; purplish hue increasing; tongue cold; axillary temperature 98½°; no urine since eight A. M. yesterday, and the introduction of a catheter drew off about one tea-spoonful of non-albuminous urine. We determined to try free use of quinine in solution, with the infusion of digitalis. No improvement. Patient continued to grow worse, with deepening stupor, and died at three P. M.

Dr. McClellan concurred with me in regarding this case as being well-marked sporadic cholera.

LOUISVILLE.

CONSERVATIVE SURGERY IN WOUNDS OF THE JOINTS.

BY EDWARD RICHARDSON, M. D.

As wounds penetrating the joints are so often productive of great constitutional disturbances, and so often followed by serious results, the following cases selected from my note-book may not be without interest to the profession.

CASE I.—Called to visit C. W., a farmer aged about sixty-five. He had received a compound comminuted fracture of the patella from the kick of a horse while on horseback. The knee-joint was completely laid open, the wound extending from the outer edge of the right patella directly across it, and was from four to five inches in length. About one third of the bone was broken into fragments so small that their entire removal became necessary. The upper and larger fragment, which was also broken into two adherent portions, was drawn up several inches by the retraction of the muscles. A small thin portion or rim remained attached to the ligament connecting the tibia. The cavity of the joint was completely exposed, and the synovia could be plainly seen escaping with the effused blood from the wound. The treatment consisted in bringing the upper fragment down, so as to secure it in apposition with the narrow rim below; in drawing the wound together and preserving the juxtaposition by sutures and adhesive straps; and subsequently the water-dressing, a wet cloth being kept constantly applied over the wound. Perfect quietude and proper regimen were enjoined. The patient progressed very favorably, and there was but little constitutional or local disturbance or suffering until about the eighth or ninth day, when the wound in the integuments having entirely closed, he complained of considerable uneasiness and pain. On making an examination of the point complained of a little fluctuation was felt at the inner extremity of the wound. Upon making a small incision a quantity of purulent matter — not more than half a thimbleful — was discharged, which gave immediate relief. From the time of the escape of this small purulent discharge not the slightest untoward symptom was manifested. Union of the fracture was fully effected, and the patient enjoyed almost perfect motion of the joint, and walked about without inconvenience or lameness.

CASE II.—Was called to see A. J., aged thirteen years, who had had his fingers caught by the knife of a cutting-box. All the fingers of the left hand were badly cut. The most severe injury was received by the middle finger, the knife having passed quite half through its middle joint. As it was a

matter of considerable importance to the sufferer that his finger should be saved, I concluded to make an effort in that direction. The edges of the wound being drawn together were so held by adhesive straps and collodion, after which the cold-water dressing was applied and kept up. The wound healed in a few days by the first intention, and perfect use of the finger was rapidly restored. He now works at his trade, and has perfect use of the joint.

Other cases might be cited, but these two will be sufficient to show that much may be done by conservative measures toward saving important members of the body.

LOUISVILLE.

Reviews.

Vision: Its Optical Defects and the Adaptation of Spectacles. By C. S. FENNER, M. D., of Louisville. Philadelphia: Lindsay & Blakiston.

"The endeavor has been made in this book," says the preface, "to give in a concise and popular yet comprehensive form a *resumé* of our present knowledge of physiological optics and the defects of the eye as an optical instrument."

It contains an elementary chapter upon physical optics, followed by others upon physiological optics and the errors of refraction and accommodation. The book is profusely illustrated, and the general appearance of it sustains the reputation of its publishers.

Dr. Fenner has been very successful in meeting the end he had in view. The rapid strides made by modern science has carried the science of optics far beyond the comprehension of any one who "finished his education" some years ago. To the general practitioner its important bearings on the profession of medicine have long since been as a closed book. However much some may have wished to penetrate the mysteries of the specialist's art, even to gratify curiosity, the fractions of Helmholtz and Donders have been as hieroglyphs on Egyptian tombs.

Dr. Fenner has surprised us with a book which can be really read with pleasure and profit; hard enough for us to feel that we are not dealing simply with the A B C of the art, and sufficiently elementary to be intelligent to the general reader.

This is, we believe, the first extensive treatise from the pen of Dr. Fenner, which has, however, long been busy in periodical literature. It contains the lucubrations of more than twenty years, and bears the impress of the scholar and devoted lover of his art.

We cordially recommend it to the profession and scientific students generally. Others more competent to judge have already adopted it as a text-book for students in the specialty of which it treats.

Urinary Analysis for Diagnosis. By J. W. HOLLAND, M. D., Professor of Materia Medica and Medical Chemistry in the University of Louisville. Louisville: John P. Morton & Co. Price, 75 cts.

This is a table for ready reference in urinary analysis. It is very ingeniously arranged, and does away with the necessity of consulting experts in the examinations of the ordinary urinary deposits. Descriptions of colors are not given, but the actual tints are presented to the eye, whereby an easy comparison may be made. It is curious to see how much the table embraces in so small a space. It will form a useful adjunct to the physician's office.

Selections.

CROTON-CHLORAL.—Dr. Mary Putnam Jacobi, of New York City, has the following concerning this nerve-sedative in the Virginia Medical Monthly: "Croton-chloral is another nerve-sedative recently introduced to fulfill the indications for which the hydrate of chloral and the bromides are so frequently given, and where they have failed. The Amer. Jour. of Med. Sciences, April, 1874, quotes Liebreich's experiments of the preceding year. The ingestion

of one dram produced a deep sleep in fifteen minutes, with anæsthesia of the fifth pair of nerves. The tonicity of the facial muscles was unaltered. When it is administered as a hypnotic in mania the patients fall asleep in a sitting posture, while the pulse and respiration remain unchanged. If an equal degree of anæsthesia had been produced by hydrate of chloral, the patients would have fallen from their chairs, and both pulse and respiration would have been retarded. Liebreich considers croton-chloral indicated therefore when very large doses of the hydrate are required to produce sleep, or when it is altogether inapplicable on account of heart-disease, or finally as a successful substitute in the treatment of trifacial neuralgia. In tic-douloureux it is only a palliative. Bunsun Baker reports, in the same number of the British Med. Jour., five cases of neuralgia cured by one-grain doses of croton-chloral repeated every hour during from three to six hours. Two of these were facial neuralgias, one from concussion of the spine, one neuralgia and dysmenorrhœa, one general neuralgia. Sidney Ringer recommends the croton-chloral (British Med. Jour., Nov. 21, 1874) in five-grain doses for the relief of sick or nervous headaches. A stupid feeling that is often left afterward is easily relieved by bromide of potassium."

Spasmodic Asthma.—Dr. J. Keith Anderson bears (Practitioner) the following strong testimony to hypodermic morphia in asthma: "I have now used the treatment on twelve occasions, and the result in all cases has been a complete and perfect relief from the embarrassment of the respiration. The rapidity with which the distressing symptoms are controlled is very striking. In from five to ten minutes after the injection has been administered the patient finds himself well, *per saltum*. There is no perceptible interval between the agony of breathlessness of one moment and the perfect calm and rest of the next. I have seen a man who had been laboring to speak—jerking out his words syllable by syllable—suddenly rise to his feet, and with easy and unembarrassed respiration finish his remarks in an uninterrupted flow. So soon as the morphia gets fairly into the current of the circulation, that moment the spasm is relaxed, and the patient is at peace, with nothing but his exhaustion to testify to the sufferings he has undergone. The dose which I have used has been in all cases one sixth of a grain of the hydrochlorate of morphia in a strong solution. In no instance has its use been followed by any more unpleasant result than slight nausea. This effect has not occurred on more than one or two occasions, from which I infer that the relaxation of spasm is by no means dependent on its production. In no attack has there been any tendency to the recurrence of breathlessness after the first effects of the morphia have passed off. I have even been inclined to believe that its use has been succeeded by an unusually long immunity from further attacks. I may add that those who have once experienced the rapid and unfailing relief of the subcutaneous injection are no longer content to await the action of the more uncertain remedies to which they had formerly been accustomed to resort."

Moral Influence as a Therapeutic Agent.—Dr. Quintarel concludes a thesis on the value of moral influences in the cure of disease thus: "A time will come when the profession will count the mechanism of their art, the material part of their science, as nothing, or very little, and will esteem highly the philosophy of this same art, that is to say, the dual knowledge of physical and intellectual man."

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Ununited Fractures.—Dr. Spence (Brit. Med. Jour.) has had very satisfactory results in recent fractures of this kind by passing a long but narrow and strong knife subcutaneously on to and between the ends of the ununited bone, dividing freely the fibrous union, scraping the ends of bone and slightly separating the periosteum. Then the limb is carefully and firmly bandaged and placed in appropriate splints.

A cheerful assurance to Medical Students. Dr. Davy thus discourses in his introductory lecture in Westminster Hospital, London: "Let me firmly assure you that your early prospects in life are most disheartening; your toil and ambition may be equally great, but your pay and dignity will be equally small. You have to do with an ignorant and proud people, and I advise every one to resign at once any and every thought of becoming a medical man unless he possess three qualifications: 1. Independence; 2. Aptitude for and a love of the profession; 3. The readiness to pay a heavy premium in this world for his prospects of reward in the next."

J. Hughes Bennett.—At the post mortem of this lamented physician there was found a soft tumor, situated on the right side of the head, about an inch above the ear, between the dura-mater and the bone. It was about the size of a hen's egg, and projected toward the brain, so as to produce a deep pit or hollow, into which it fitted. The convolutions were flattened and pressed down, but not otherwise altered. The dura-mater covering the tumor was somewhat thickened. The parietal bone was thickened and hypertrophied around the circumference of the tumor. Over it there was a thinning at one point the size of a shilling; the bone had disappeared and fibrous membrane replaced it. The tumor was cystoid in character, with distinct investing membrane, and its contents consisted of a blackish pulpy material, resembling the interior of a recent aneurism, or more

closely a myeloid tumor. Under the microscope were seen cells of various descriptions, plates of cholesterine, fatty granules and altered blood-corpuscles. During his life no symptom was observed directly indicative of such a lesion.

BROMIDE OF LITHIUM.—Dr. Rouband writes in the *Revue de Thérapeutique* as follows of this drug: "1. Bromide of lithium is a drug which has a two-fold action. 2. It possesses in a high degree the lithontriptic qualities which are universally recognized in the salts of lithia. 3. It affects reflex sensibility in a more energetic manner than the other bromides, without the unpleasant effects on the heart which the bromide of potassium has. 4. Consequently it takes its place in the first rank of antilithic and sedative drugs, and its action is especially valuable in cases of the uric-acid diathesis which are accompanied by painful phenomena."

ACNE.—Every evening for four evenings the face is smeared over with black soap, and in the morning this is removed with tepid water. Then during four consecutive days a warm vapor douche is directed upon the face. The black soap is then resumed, followed by the douches; and so on alternately for a period of six weeks, when the malady, if not entirely removed, is very sensibly mitigated.

TREATMENT OF FRACTURES.—Dr. Schwab, of Wurzburg, states that for the past twelve years he has used the following method exclusively and with complete success in the treatment of all fractures of the extremities. Contrary to Professor Hamilton, he says no shortening ever followed: "Take the whites of six to eight eggs, an old linen sheet, from which a bandage of scultetus can be cut, a piece of pasteboard, which is always at hand in the cover of an old book, and a roller bandage from three to four yards in length. Saturate the bandage of scultetus with the albumen and carefully apply, allowing the edges to slightly overlap. This bandage should reach to the joints above and below the fracture. Then saturate the pasteboard with the albumen, adjust it to the part, and secure with the roller. The limb is kept in proper position by means of small bran-bags or cushions of straw."

DIPHTHERITIC SORE-THROAT.—Dr. Lolli, of Florence, Italy, states that he has adopted the following treatment in this affection with the best results: 1. Never cauterize the throat or abstract blood; abstain from purgatives and emetics, unless in very exceptional cases. 2. Nourish the patient according to his appetite, but let the food be light and easily assimilated. 3. Keep up the functions of the skin from the very commencement of the disease till the local, or still better the general, symptoms allow you to judge that the morbid process is extinct. (Great stress is laid on this point.) 4. For local application as well as for internal use the author strongly recommends the following "anti-diphtheritic mixture:"

Boiling water	oz. vj–xx
Liquid sesquichloride of iron	*m* xx–dr. j
Carbolic acid	gr. iij–xx
Red honey	oz. vj

This can be used internally and as a gargle every two hours, one or two spoonfuls being a dose. This treatment gives a mortality less than two per cent; average duration of attack, eight to ten days.—*Repetori Falicienze.*

NITRITE OF AMYL IN HICCOUGH.—Dr. Simon, of Chicago, reports in the Chicago Medical Journal and Examiner that a patient who had hiccoughed for twenty-six hours, and been subjected to various treatments without success, was relieved almost instantaneously by inhaling three drops of the amyl.

CHLORAL AS AN APPLICATION TO ULCERS.—Mr. Lucas, at Guy's Hospital, treats ulcers with a solution of four grains of hydrate of chloral in an ounce of water. The application of a lotion of this strength is often attended with considerable smarting, which may last a quarter of an hour; but the smarting becomes less at each subsequent application. In cases where the patients have complained much of the smarting the lotion has been diluted to the proportion of three or two grains to the ounce. The treatment of foul sloughing ulcers by means of chloral lotion has been attended with great success, the surface of the sore quickly cleansing and assuming a healthy appearance, while the subsequent healing has advanced with a rapidity in some cases quite astonishing. Under the use of chloral lotion the ulcers quickly became sweet and clean, and the cuticle spread over them with very great rapidity, even while the surfaces of the sores were still considerably below the level of the surrounding skin.—*Lancet.*

CAPILLARY PUNCTURE OF THE INTESTINES IN TYMPANITES.—The *Bulletin Medical du Nord* contains a paper by Dr. Cuignet, from which we extract the following: "1. The puncture should be made by giving a rotary motion to the needle, which is held between the fingers at the surface of the body; 2. It can be perceived the moment the needle reaches the gaseous cavity as well as the moment it touches the opposite wall, thus showing the exact dimensions of the cavity; 3. The gas does not escape spontaneously, however distended the cavity may be which contains it, but it must be withdrawn by aspiration; 4. Only the fold of intestine in the immediate vicinity of the puncture is evacuated, but all of the folds

of the intestine must be punctured to obtain any considerable relaxation; 5. Each fold as it is punctured collapses, and its place is filled by the two folds above and below it, which maintain the tympanites in the same region until they also are punctured; 6. Either the gas alone may be withdrawn, or both the gas and the liquid matter in the intestine, by graduating the depths to which the needle is made to penetrate; 7. It is esteemed prudent to always extract the liquid in the vicinity of the puncture."

SULPHO-CARBOLATE OF SODIUM AS A PROPHYLACTIC IN SCARLATINA.—A writer in the Medical Press and Circular, who has been making extensive use of the above, says, "In scaflet fever, diphtheria, and measles the sodium sulpho-carbolate may be given in doses varying, according to age, from five to thirty grains four times daily, and in a mixture with simple syrup or other such ingredient is in no way disagreeable." He adds that he has seen the use of the above-named preparation followed by results far exceeding his most sanguine expectations, both in a preventive and curative point of view.

REDUCTION OF A STRANGULATED FEMORAL HERNIA BY LASSEN'S METHOD.—A woman of fifty-three had suffered for three years from a femoral hernia of the left side, and had never worn a truss. Symptoms of strangulation had existed for thirty-two hours when she was seen by Dr. O. Hase. After all the ordinary modes of reducing it had been tried in vain Hase resorted to the method of taxis which Lassen recommends, based on his theory of the mechanism of strangulation; viz., that the incarceration is due to obstruction of the efferent end of the intestinal loop, which on its part is caused by distention of the efferent end compressing it at the neck of the sac. The lateral movements of the whole hernial tumor which Lassen advises with the view of emptying the efferent end of the intestine were in this case crowned with success, the bulk of the tumor gradually shrinking, and the whole slipping back rather suddenly at the last, with entire relief of the symptoms.—*Centralbl. f. Chirurg.*

CARBOLIC ACID AND HYPOSULPHITES IN SCARLATINA.—Dr. Bland (Trans. Med. Soc. State of Pennsylvania) states that his results in the treatment of scarlatina with these remedies is unprecedented. He applies the carbolic acid with glycerine topically to the fauces, etc., and gives hyposulphite of soda internally, together with nutritious diet and febrifuge mixtures as required.

DAMIANA is a Mexican plant, described by Dr. J. J. Caldwell in the Virginia Med. Monthly. It is accredited with extraordinary aphrodisiac properties.

Miscellany.

—The *Louisville Medical News* returns its sincere thanks for the good wishes for its welfare expressed beforehand by several journals of the country. The welcome it has received from its excellent contemporaries published in this city is especially grateful. It hopes and believes that, though occupying in a measure the same field, honorable rivalry will lead only to mutual advantage.

—Jones had a buoyant soul. He went West to practice. After six months' close devotion to his business a friend asked him how he had succeeded. Jones said, "I have had one case—a birth." "How is it getting on?" asked his friend. "Well," replied Jones, "the baby's dead, and the mother is dead, but I hope to save the old man yet."

—The late Prof. Lewis Rogers used to tell an amusing story illustrating the value of fame. When in Paris, on a visit to Piorri, wishing to learn how our own great auscultator ranked abroad, he said, "How, doctor, is Austin Flint regarded in this country?" "*Austing Flin!*" said Piorri; "what is dat?"

—The year just passed saw the retirement of two teachers of world-wide renown from their respective posts. Rokitansky, full of years and honors, has resigned his professorship in the University of Vienna. It will be difficult to find one who will bend the bow he has left. John Erichsen, after a brilliant occupancy for many years of the chair of clinical surgery in University College Hospital in London, has also given up his place, though yet with a prospect of many years of useful life, and still in the zenith of his fame. Mr. Christopher Heath is his successor. He will no doubt well sustain the reputation of the right royal line to which he succeeds. In his prime of life, indefatigable, a bold and skillful surgeon, a most vigorous and useful writer, and above all a tried and successful teacher, no fitter person could have been chosen to take up the work left by Liston, Syme, and Erichsen.